**TRANSMITTAL FORM**

Attorney Docket No.

1458CPA-RCERe the application **PORTMAN, et al.**Confirmation No: **7700**Serial No: **09/504,304**Group Art Unit: **2841**Filed: **February 15, 2000**Examiner: **Phan, Thanh S.**For: **Removable Visual Indication Structure For A Printed Circuit Board**

ENCLOSURES (check all that apply)					
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input checked="" type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input checked="" type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input checked="" type="checkbox"/>	4 Sheets Formal Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	0	0	0	\$18.00	\$ 0.00
Independent Claims	0	0	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

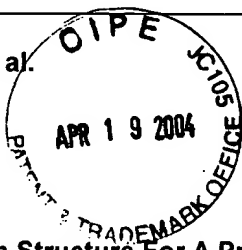
METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. <u>7067</u> in the amount of \$ <u>980.00</u> is enclosed for payment of fees. Issue Fee \$665.00; Publication Fee \$300.00; Patent Copies \$15.00
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group LLP)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	April 14, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 14, 2004	
Type or printed name	Grace Alicea
Signature	

LETTER TO DRAFTSMAN

Attorney Docket No.

1458CPA-RCEIn re the application **PORTMAN, et al.**Confirmation No: **7700**Serial No: **09/504,304**Group Art Unit: **2841**Filed: **February 15, 2000**Examiner: **Phan, Thanh S.**For: **Removable Visual Indication Structure For A Printed Circuit Board**

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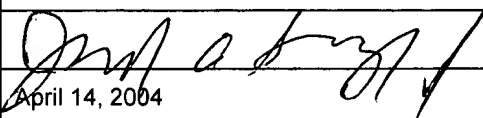
LETTER TO DRAFTSMAN REGARDING DRAWINGS

Sir:

Pursuant to the Notice of Allowability for the above-captioned application dated January 15, 2004, enclosed herewith are four (4) sheets of formal drawings.

If there are any questions regarding the foregoing, please contact the undersigned at the below listed telephone.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	April 14, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: April 14, 2004	
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